



VOLUNTEER APPLICATION FORM

DATE _____

NAME _____ HOME PHONE _____

ADDRESS _____ ZIP CODE _____

CELL PHONE: _____ EMAIL: _____

BIRTH DATE _____ BIRTH PLACE _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____

RELATIONSHIP TO YOU _____ PHONE _____

EDUCATION: JR HIGH SCHOOL _____ YEARS COMPLETED _____

HIGH SCHOOL _____ YEARS COMPLETED _____

COLLEGE _____ YEARS COMPLETED _____

MAJOR _____

TRAINING OR EXPERIENCE PERTINENT TO POSITION _____

LIST CERTIFICATES YOU CURRENTLY HOLD

PERSONAL PARTICIPATION (CRAFTS, HOBBIES, SPORTS, CAMPS, CHURCH GROUPS, SCOUTS, PLAYGROUNDS, ETC.) _____

REFERENCES(TEACHERS) and SCHOOLPHONE # OR SCHOOL NAME

1. _____

2. _____

3. _____

WAIVER FOR PARTICIPANT BY PARENT

In consideration of the Town of Stratford Recreation Dept. accepting my/my child's entry, I hereby, for my child(ren), my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Stratford and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at the program listed above. I recognize and accept the inherent risks involved in participating in this activity and will not hold the Town of Stratford or its representatives responsible for injuries or damages as a result of participating in this activity.

Name of Parent (please print) _____

Signature of parent _____

DATE _____

Volunteer Signature _____ Date _____

**** Return completed application to :**

Recreation Dept. 468 Birdseye St Stratford CT 06615

FORM SHOULD BE COMPLETED BY VOLUNTEER.